

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number 10/590,734-Conf. #1220	Filing Date August 25, 2008
		First Named Inventor Jerome BERNARD	Examiner Name D. Jiang
		Art Unit 1646	Attorney Docket No. 2121-0191PUS1
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$) 130.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) Indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)	52	26	
Each independent claim over 3 (including Reissues)	220	110	
Multiple dependent claims	390	195	

Total Claims 46 Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____	Multiple Dependent Claims Fee (\$) _____ Fee Paid (\$) _____
HP = highest number of total claims paid for, if greater than 20.	
Indep. Claims 3 Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____	
HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____	- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month		Fee Paid (\$) 130.00
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SUBMITTED BY			
Signature	Registration No. (Attorney/Agent) 40,069	Telephone (703) 205-8000	
Name (Print/Type) MaryAnne Armstrong, Ph.D.	Date NOV 2 8 2008		